Blood Run No.

KING COUNTY — MEDICAL INCIDENT REPORT FORM

896525

Mo. | Day | Yr. | Trauma Band ID | Agency Incident No. | Reporting Agency Name | No.

Are you First EMS Reporting Agency On The Scene? ☐1. Yes ☐2. No ☐3. Not Applicable | Incident Site & City | SOCIAL SECURITY #

Patient Name (Last, First, Middle Int.) | DOB Mo. Day Yr | AGE Yrs. Mo. | GENDER ☐1. Male ☐2. Female ☐3. Unk

Patient Address | City & State | Phone | Geocode | AUX

Nearest Relative Name | Relation | Phone | Resp. in FD | Pt. # | Out Of

Patient Healthcare Provider | Phone | 1st Unit on Scene | Resp. from QTRs?

ACTION TAKEN
☐1. Exam Only ☐5. Service Aid/Patient Assist
☐2. Exam & Assist ☐6. Cancelled
☐3. No Exam Needed ☐7. No Patient Found
☐4. Patient Refused Treatment

Mechanism | Type | IDC

SEVERITY
☐1. Life Threatening
☐2. Urgent
☐3. Non-Urgent
☐4. Not Applicable

PARAMEDIC RESP.
☐1. Initial Dispatch
☐2. Upgrade by Disp.
☐3. Requested by BLS at Scene
☐4. Other

Reporting BLS Unit ☐1. Yes ☐2. No

Reporting ALS Unit ☐1. Yes ☐2. No

Name of Medical Facility Contacted

Name of Medical Person Contacted

LOCATION TYPE
☐1. Home Residence ☐4. Industrial ☐7. Nursing Home ☐11. Public Building
☐2. Farm ☐5. Recreation/Sport ☐8. Medical Facility ☐12. Educational Institution
☐3. Mine/Quarry ☐6. Adult Fam. Home ☐9. Street ☐13. Other Location
☐10. Highway ☐99. Unknown

EXTRICATION TYPE
☐1. None ☐3. Manual Tools
☐2. Power Tools ☐9. Unknown

TIME COMPLETED Hr. : Min.

RESPONSE MODE
☐1. Non-Emergent ☐3. Emergent ☐5. N/A
☐2. Non-Emerg. - Up ☐4. Emerg. - Down

ONSET OF SYMPTOMS - ELAPSED TIME
Days | Hr. | Min

PROCEDURES
☐0. None
☐1. Oxygen
☐2. Wound Care
☐3. Extrication/Rescue
☐4. Splinting
☐5. Bag Mask
☐6. ECG Monitor
☐7. C-Collar/Backboard
☐8. CPR
☐12. Endotracheal Intubation
☐13. IV-Central Line
☐14. IV-Peripheral
☐16. Intracardiac Injection
☐17. Flutter Valve
☐18. Pericardiocentesis
☐19. Cricothyrotomy
☐22. Intraosseous Line
☐23. External Pacing
☐24. First Resp. DC Shock
☐25. AED Attached/No Shock
☐26. Retrograde Intubation
☐27. Jet Insuflation
☐28. Assisted Pt. with Own Meds
☐30. Cardioversion
☐50. Other:

PROC NUMBERS (12-30 ONLY) | EMS NUMBER

TIME DISPATCH NOTIFIED | TIME UNIT NOTIFIED BY DISPATCH | TIME UNIT RESPONDED | TIME ARRIVED ON SCENE | TIME ARRIVED PATIENT'S SIDE | TIME PATIENT LEFT SCENE | ARRIVED AT TREATMENT FACILITY | IN SERVICE

CARDIAC ARREST

CPR INITIATED BY
☐1. First Responder / Police
☐2. Fire Dept. (BLS)
☐3. Paramedic (ALS)
☐4. Ambulance
☐5. MD / RN
☐6. Citizen with Dispatch Assistance
☐7. Citizen without Dispatch Assistance
☐8. CPR Not Attempted

Arrest After Arrival of EMS Personnel? ☐1. Yes ☐2. No

Was Cardiac Arrest Witnessed? ☐1. Yes ☐2. No ☐3. Unk

AED/PAD Used
☐1. Citizen
☐2. First Responder / Police

ESTIMATED ELAPSED TIME (MIN.) FROM - Collapse to Call | Collapse to CPR

INITIAL RHYTHM
☐1. Sinus ☐4. Asystole ☐7. Other
☐2. V Fib ☐5. Idioventricular ☐8. Unknown
☐3. V Tach ☐6. A Fib

Implanted Defibrillator Fire? ☐ Yes

TIME OF RETURN OF SPONTANEOUS CIRCULATION Hr. : Min.

Transport Agency Number | Transport Destination ☐ DIVERTED

TRANSPORT MODE
☐1. Non-Emergent ☐3. Emergent ☐5. N/A
☐2. Non-Emerg. - Up ☐4. Emerg. - Down

PATIENT OUTCOME (if known)
☐1. DOA ☐3. Expired at ER
☐2. Expired at Scene ☐4. Admit. to Hosp.

SAFETY EQUIPMENT
☐1. None ☐6. Airbag Only ☐11. Eye Protection
☐2. Shoulder Belt ☐7. Airbag/Lap ☐12. Protective Clothing/Gear
☐3. Lap Belt ☐8. Airbag/Lap/Shoulder ☐13. Flotation Device
☐4. Shoulder/Lap Belt ☐9. Airbag/Child Seat ☐88. N/A
☐5. Child Seat ☐10. Helmet ☐99. Unknown

EYE OPENING
4 ☐ Spontaneously
3 ☐ To Voice
2 ☐ To Pain
1 ☐ No Response

VERBAL RESPONSE
5 ☐ Oriented
4 ☐ Confused
3 ☐ Inapprop. Words
2 ☐ Incomprehensible
1 ☐ No Response

MOTOR RESPONSE
6 ☐ Obeys Commands
5 ☐ Locates Pain
4 ☐ W'draw from Pain
3 ☐ Flexion to Pain
2 ☐ Extension to Pain
1 ☐ No Response

RESP. EFFORT
☐1. Normal
☐2. Labored or Shallow
☐3. <10/min. or Absent
☐4. Not Assessed

SUSPECTED ALCOHOL/DRUGS ☐1. Yes ☐2. No

FOR ALL CARDIAC ARRESTS

Did emesis occur? ☐1. Yes ☐2. No ☐3. Unknown

When? ☐1. Before EMT arrival ☐2. Between EMT arrival & intubation ☐3. After intubation

PARAMEDIC PERSONNEL | EMS NUMBER
1
2
3

SIGNATURE OF PERSON COMPLETING REPORT

EMS NUMBER